

Mobile Home Relocation Assistance Application

Please print or type

If you need additional information, call 1-800-964-0852.

Mobile Home Owner Information

Mobile Home Owner's Name: _____

Current Mailing Address: _____
Street or PO Box

City _____ State _____ Zip Code _____

Contact Person (if different from above): _____

Daytime Telephone Number: () _____

Social Security Number: _____ Year Home Manufactured: _____

My Home is a: ☐ Single Section ☐ Multiple Section Home

Dimensions: _____ X _____

How did you become aware of the Mobile Home Relocation Assistance Program?

Assistance to those who sold or abandoned their home (RCW 59.21.021(2)) is no longer available.

Closed/Closing Mobile Home Park Information

Park Name: _____

Address: _____
Street or PO Box

City _____ State _____ Zip Code _____

Owner: _____ Telephone: () _____

Manager: _____ Telephone: () _____
(If different from owner)

Number of years you lived in this park: _____

Did you receive notification of potential park closure prior to moving in? ☐ Yes ☐ No

If Yes, how you were made aware: _____

Official closure date: _____ month/day/year Date you received written notice: _____ month/day/year

Have or will you receive relocation assistance from any other source? ☐ Yes ☐ No

If Yes: Amount \$ _____ Source _____

Contact Information After Closure

Mailing Address: _____
Street or PO Box

City _____ State _____ Zip Code _____

Telephone Number: (_____) _____

Park/Community name (if applicable): _____

Income Verification

NOTE: Verification is required for all household income reported to the IRS. "Household" is determined by all persons living in the home, whether or not related.

Total number of household members: _____ Total number income receivers: _____

Sources of Verification: _____

Time Periods Covered by Income Verifications: _____

IMPORTANT

1. *Your eligibility is determined by official park closure notice, proof of residency at time closure notice was issued, verification of income, and the availability of funds. (Additional documentation may be required. If so, you will be notified.)*

To establish your eligibility, provide copies of your:

- Income Verification (W-2, Pay Stub, Government Assistance Form, etc.);
- Written Notice of Park Closure; and
- Proof of Residency (Park Lease/Rental Agreement, Rent Receipt, etc.).

2. *Before a reimbursement check can be issued, ALL documentation must be complete and received by the Office of Manufactured Housing.*

To expedite your reimbursement, remember to:

- Complete all information accurately;
- Provide the current mailing address and telephone number where you can be contacted regarding your application;
- Provide necessary signatures (Unsigned applications are incomplete.); and
- Provide copies of all necessary documentation, including
 - completed first page of W-9 form,
 - moving contract and receipts for all allowable relocation expenses, or
 - proof home was unrelocatable, copy of demolition certificate, and receipts for all allowable new manufactured home expenses.

Return completed application and all attachments to:

Department of CTED, Office of Manufactured Housing
Post Office Box 42525
Olympia, Washington 98504-2525

Questions? Call 1-800-964-0852

I hereby certify under penalty of perjury that the foregoing information is true and complete to the best of my knowledge. I further understand that intentional misrepresentation in this application might result in the forfeiture of relocation assistance provided by the Mobile Home Relocation Assistance Act. I authorize Washington State Department of Community, Trade and Economic Development to make inquiries to verify the statements herein.

Mobile Home Owner's Signature: _____ Date: _____

Witness to Homeowner's Signature: _____ Date: _____

Please do not write below this line



STATE OF WASHINGTON
DEPARTMENT OF COMMUNITY,
TRADE AND ECONOMIC DEVELOPMENT

FORM
CTED19-1A

VOUCHER DISTRIBUTION

AGENCY USE ONLY

AGENCY NO.	LOCATION CODE	PR OR AUTH. NO.
1030		

AGENCY NAME AND ADDRESS

Department of Community, Trade & Economic Development
Office of Manufactured Housing

VENDOR NAME AND ADDRESS

Mobile Home Relocation Assistance
per RCW 59.21.050

Amount Requested: \$ _____

Single Multiple Section Amount Allowable for Reimbursement: \$ _____

FED TAX ID #					PROGRAM APPROVAL					DATE				
DOC INPUT DATE			CURRENT DOC NO		REF DOC NO			VENDOR NUMBER				SUFFIX		
ACCOUNT NO.					ASD NUMBER			VENDOR MESSAGE						
								N/A						
TRANS CODE	M O D	MASTER INDEX	FUND	APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB OBJ	PROJECT	SUB PROJ	GL ACCT	SUBSID ACCOUNT	AMOUNT	INVOICE NUMBER	
		44010260				NZ						\$	Relocation	
SIGNATURE OF ACCOUNTING PREPARER FOR PAYMENT									DATE		WARRANT TOTAL		INVOICE DATE	
ACCOUNTING APPROVAL FOR PAYMENT									DATE					